

VERIP Guide

**Virginia Electronic Registration for
Immunization Programs**

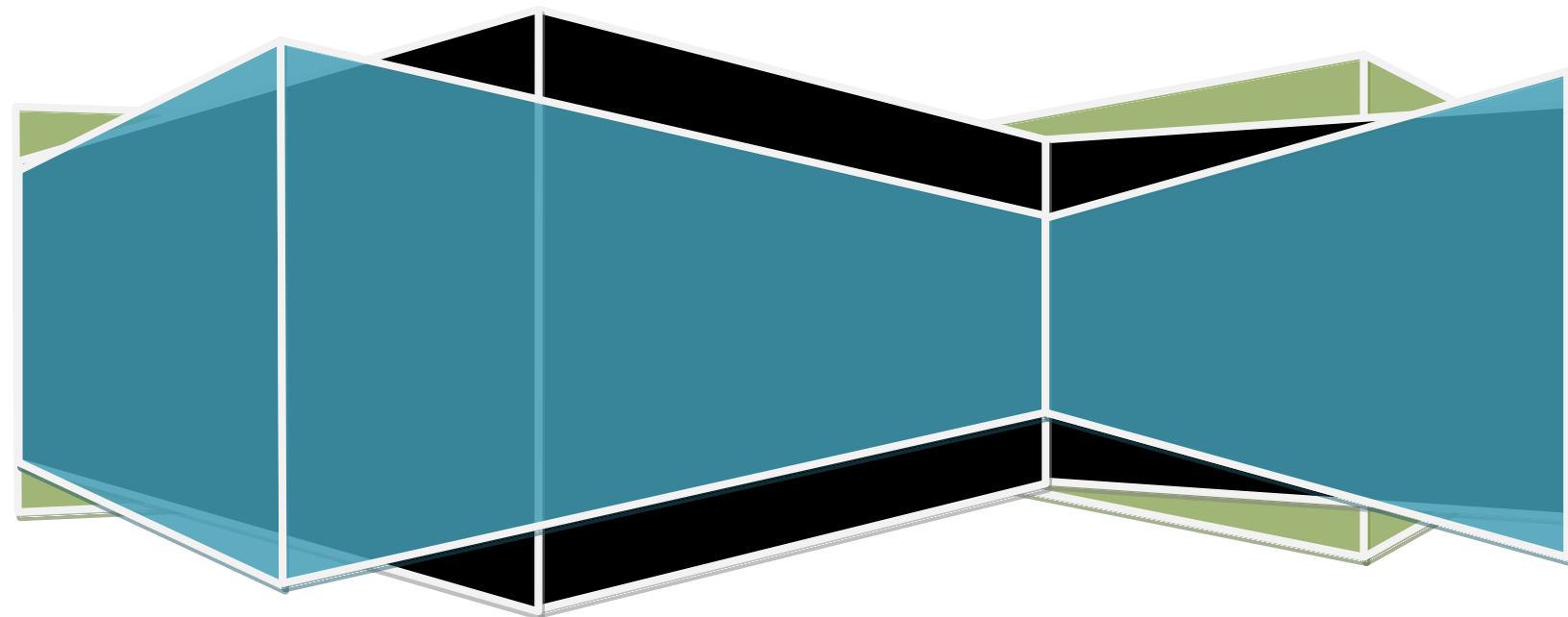


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Introduction

What is VIIS?

The Virginia Immunization Information System (VIIS) is a confidential, web-based immunization registry for the state of Virginia. VIIS is able to perform a variety of functions for health care providers including:

- Maintain computerized immunization records on all of their patients;
- Record immunizations, contraindications, and reactions on patient records;
- Validate immunization histories and provide immunization recommendations;
- Produce reminder recall notices when their patients are due or overdue for immunizations;
- Generate vaccine usage and client reports;
- Manage vaccine inventory.

All VIIS Organizations are required to register in VERIP and sign the security agreements. Providers are required to attend a VIIS training session before login credentials are given.

What is VERIP?

VERIP (Virginia Electronic Registration for Immunization Programs) is a web-based registration system for the Division of Immunization. Providers must complete a registration in VERIP before access to VIIS (Virginia Immunization Information System) is granted. The registration must be renewed annually in order to maintain VIIS access.

Homepage

All first time users must create an account by clicking the **Register Here** button.

Once an account has been created, a user can access her registration(s) by clicking on the **Login Here** button.



Virginia Department of Health - VERIP Registration System

Welcome!

This is the Virginia Electronic Registration for Immunization Programs (VERIP) within the Division of Immunization (DOI). The mission of DOI is to reduce the morbidity and mortality associated with vaccine-preventable diseases. Two programs within DOI that greatly assist in this mission and are available to providers for electronic registration through this website are the Virginia Immunization Information System (VIIS) and Virginia Vaccines for Children (VFC). To learn more about these programs, see below.

To register or renew your participation in these programs, choose from the links below. **Note: this is not the immunization registry website or the VDH Meaningful Use Website.**

? If you have any difficulty with this process, please contact the VIIS Help Desk at 1-866-375-9795 or VIIS_Helpdesk@vdh.virginia.gov.
Note the guidance documents below. Be sure to review the VERIP Guide before beginning the process if you are new to VERIP.

New to VERIP?

[Register Here](#)

Already Registered?

[Login Here](#)

Guidance Documents

[VERIP Guide](#)

[VERIP Q&A](#)

[Immunization Information System \(VIIS\)](#)



[Virginia Vaccines for Children \(VFC\)](#)



Create User Account

The user must fill-in all fields. Your User Name will be created for you as it is the same as your email address.

NOTE: An email address can only be used by one person. VDH will not use your email address for any other purpose other than using VIIS and will not share your email address with third parties.

NEW USER

ORGANIZATION

VIIS ADMINISTRATORS

CONTRACTS

REVIEW

First Name*

Last Name*

Phone Number*

ex: (123) 456-7890

Email*

Security Question*

Select Security Question ▼

Security Answer*

User Name

User Password*

(Password must be at least 8 characters long and have at least 1 number and 1 special character limited to "+ = @ # \$ % ^ &")

Confirm Password*

Remember your security question and answer if you need to reset your password.

Click **Next** when finished.

Next

Organization Tab

Once the user account is created, the user is automatically logged into VERIP. Note **Welcome Jamie Fox** text in the menu bar. User Jamie Fox can now edit her user account information by clicking on **Welcome Jamie Fox** (the user's name). There are other interactive buttons on the menu bar. See below what these buttons can do.

The **Register** button will refresh the page.

The **Existing Registrations** button will display all of the

Hover your mouse over the question mark icon of each field if you need more information.

To log off of the system, simply click **LogOff**.

Click on **Home** to return to the homepage.

The screenshot shows the VERIP web application interface. At the top is a dark blue navigation bar with the following items: 'Home', 'Register', 'Existing Registrations', 'Welcome Jamie Fox', and 'LogOff'. Below this is a light blue header with four tabs: 'ORGANIZATION' (selected), 'VIIS ADMINISTRATORS', 'CONTRACTS', and 'REVIEW'. The main content area is a registration form for an organization. It contains several sections of fields: 'Organization Name*' (text input), 'VIIS Org Code (for existing accounts)' (text input), 'Are you a VVFC Provider?*' (radio buttons for Yes/No), 'Already exchange data electronically with VIIS or want to?*' (radio buttons for Yes/No), 'Phone #*' (text input), 'Organization Type*' (dropdown menu), 'Other (specify)' (text input), 'If Yes, what is your VVFC Pin' (text input), 'Fax #' (text input), 'Alt Phone #' (text input), 'Physical Address' section with 'Address Line1*' (text input), 'Address Line2' (text input), 'Zip*' (text input), and 'City' (text input). Each text input field has a small blue question mark icon to its right. The form is set against a light gray background.

If the option “**Already exchange data electronically with VIIS or want to**” is chosen, the Memorandum of Agreement (MOA) will appear on the **Contracts** tab as a hyperlink. Directions for the MOA are found in the **Contracts** tab section of this guide.

All required fields must be completed. Required fields are marked with a red asterisk.*

ORGANIZATION | **VIIS ADMINISTRATORS** | **CONTRACTS** | **REVIEW**

Organization Name*

VIIS Org Code (for existing accounts)

Are you a VVFC Provider? ☐ Yes ☐ No

Already exchange data electronically with VIIS or want to? ☐ Yes ☐ No

Phone #*
ex: (123) 456-7890

Physical Address

Address Line1*

Zip*

Organization Type* Select Organization Type

Other (specify)

If Yes, what is your VVFC Pin

Fax #
ex: (123) 456-7890

Alt Phone #
ex: (123) 456-7890

Address Line2

City State

Next

When finished with this page, click **Next** to go to the VIIS Administrator's Tab.

City and State will populate based on zip code, or if there are multiple cities linked to a zip code you will get a pop-up. Select your city from the pop-up.

Please select zip code from following list.

Zip	City	County
23225	FOREST HILL	RICHMOND
23225	N CHESTERFLD	RICHMOND
23225	NORTH CHESTERFIELD	RICHMOND
23225	RICHMOND	RICHMOND

What is a VIIS Administrator?

VIIS Administrator Tab

This tab is for the user to add the contact(s) at the practice who will serve as VIIS Administrator. The VIIS Administrator is the primary contact for those using VIIS at an organization. The VIIS Administrator is expected to keep track of all staff using VIIS, and ensuring they are up-to-date on confidentiality and security agreements, and training. VIIS Administrators are expected to reset passwords, reactivate and inactivate accounts, and either train his or her staff, or schedule a training with VIIS staff. The VIIS Administrator can be a doctor at a practice, but it is usually a nurse, office manager, or other clinical staff member who can dedicate the time needed to serve as VIIS Administrator.

- All required fields must be completed. The required fields are marked with a **red** asterisk.
- VERIP has a validation mechanism for the Medical License Number (MLN) that checks for corresponding MLNs and warns users if there is a mismatch. Otherwise the system will populate the corresponding expiration (expiry) date and name on record with the Virginia Department of Health Professions. **Note:** MLN includes MD, DO, NP, RN, LPN, etc...
- Enter the information in the required fields and click **Save**.

Home Register Existing Registrations Welcome Jamie Fox LogOff

VIIS Registration for Fox Pediatrics [Back to Index](#)

ORGANIZATION **VIIS ADMINISTRATORS** CONTRACTS REVIEW

Title Legal First Name* Last Name*

Middle Initial Nick Name

Email* Alt Email

Phone* Alt Phone Fax

Med. License#** Is this your medical license #? ☒ Yes ☐ No

Expiry Date** Name**

Do you have a VA Paramedic Certificate? ☐ Yes ☐ No Certification #** Expiry Date**

Save **Cancel**

Edit	Delete	Name	Email	Phone	License Number	Certification Number	Date Created	Last Modified
No Records found								

- The VIIS Administrator's information is then displayed in the grid at the bottom of the page (*example below*).
- If you have more than one VIIS Administrator, repeat the above steps to create a new row for the subsequent VIIS Administrators.
- Click **Next** once all VIIS Administrators have been saved to the registration.

Save **Cancel**

Edit	Delete	Name	Email	Phone	License Number	Certification Number	Date Created	Last Modified
		Jamie Fox	rochgreen90@gmail.com	8045551234	0101045566		8/7/2015 4:24:39 PM	Send Email

Back **Next**

Contracts

If the User completing this registration will also be the VIIS Administrator (highly likely), he will need to “sign” his Security and Confidentiality Agreements on the Contracts tab. If this is the case, the Security and Confidentiality Agreements will be hyperlinks and appear in blue font and will be underlined. These links can be clicked, reviewed, signed and submitted.

Examples of these agreements are below.

NOTE: Each VIIS Administrator must sign Security and Confidentiality agreements before access is given to use VIIS.

ORGANIZATION

VIIS ADMINISTRATORS

CONTRACTS

REVIEW

Below is the list of Contracts that include a Memorandum of Agreement (MOA) if you chose to exchange data with VIIS, and the Agreements required for VIIS Administrators to complete for access to VIIS. If the MOA link appears below, follow the directions to complete it. If the Agreements have a link, be sure to select each one listed under your name to electronically sign it.

	Status	Signed By	Signed Date
Administrators			
<u>Jamie Fox</u>			
Please select each security and confidentiality agreement, review and sign that you agree to follow these policies. These agreements must be reviewed and signed before you can submit your registration.			
VIIS Security Policy and User Confidentiality Agreement	Pending		
Information Systems Security Access Agreement	Pending		
Sade Green			
VIIS Security Policy and User Confidentiality Agreement	Pending		
Information Systems Security Access Agreement	Pending		

When the hyperlinks are blue, they are active. Click on each hyperlink to open and sign the agreements.

Statuses of contract are **Pending** or **Completed**.

Example A – Security and Confidentiality Agreement

- a. The VIIS Administrator should scroll down the page of the VIIS Security Policy and User Confidentiality Agreement to read the entire document. To see the full text of the agreement, please send the Appendix.
- b. The “**I Agree**” box must be checked and the VIIS Administrator must type his name in the “**Signed by**” box. You will receive a warning if both steps are not completed.
- c. When completed, click the **Accept** button.

VIIS Security Policy and User Confidentiality Agreement

**Commonwealth of Virginia
Department of Health
VIIS Security Policy and User Confidentiality Agreement**

VIIS Information:

The Code of Virginia, § 32.1-46.01 authorizes the Virginia Immunization Information System (VIIS), a statewide immunization information system that manages electronic immunization records. This policy states behaviors required of VIIS users, Virginia Department of Health (VDH), and Division of Immunization (DOI) to protect the confidentiality, privacy and accuracy of client information. VIIS is consistent with the Department of Health and Human Services and the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Authorized users of VIIS will include:

- Health care provider or health plans
- Schools or other organizations that provide health care services
- Individuals or organizations as required by law or in the management of a public health crisis
- Other immunization registries

The review of this policy must involve the participation of representatives from the private and public health care sectors.

VDH/DOI Host Site Security:

- The system will force users to change their password every 90 days
- The VIIS system will time-out after 30 minutes
- The VIIS system will maintain an audit trail for all information accessed
- VDH/HP will conduct a self-assessment of the potential risks and areas of vulnerability regarding VIIS and will develop, implement, and maintain appropriate security measures on an ongoing basis.
- The release of immunization information shall be for statistical purposes or for studies that do not identify individuals
- VDH/DOI will work with interested data exchange partners through Data Exchange steps outlined in MOA

☐ I Agree Signed by Date 4/9/2015

Accept **Cancel**

Scroll Bar

Example B – Information Systems Security Access Agreements

- The VIIS Administrator should scroll down the page of the VIIS Security Policy and User Confidentiality Agreement to read the entire document.
- The “**I Agree**” box must be checked and the VIIS Administrator must type his name in the “**Signed by**” box. You will receive a warning if both steps are not completed.
- When completed, click the **Accept** button.

The screenshot shows a web form titled "Information Systems Security Access Agreement" for the Commonwealth of Virginia Department of Health. The form contains several paragraphs of text regarding the use of VDH information systems. At the bottom, there is a checkbox labeled "I Agree", a "Signed by" field containing "Jamie Fox", and a "Date" field containing "4/9/2015". Below these fields is a red warning message: "Please make sure agreement is checked and signed with your name." To the right of the form is a vertical scroll bar. A red arrow points to the scroll bar with the label "Scroll Bar". Another red arrow points to the "I Agree" checkbox. A text box at the bottom left of the screenshot contains the text: "In this example, the Administrator did not click in the 'I Agree' box. A warning message appeared."

Information Systems Security Access Agreement

**Commonwealth of Virginia
Department of Health
Information Systems Security Access Agreement**

As a user of the Virginia Department of Health (VDH) information systems, it is understood and agreed, to abide by VDH Security Policy and the following terms, which govern access to and use of, the information and computer services of VDH.

Access is being granted by VDH as a necessary privilege in order to perform authorized service functions for VDH. Passwords and logon IDs should not be shared. It is prohibited to use or knowingly permit use of any assigned or entrusted access control mechanisms (such as Logon IDs, passwords, terminal IDs or file protection) for any purposes other than those required to perform authorized service functions. It is agreed that passwords will be changed immediately if they are compromised and notification will be sent to the Office of Information Management (OIM). No passwords will be incorporated into any sign-on software.

If, due to authorized job functions, access is required to information on VDH information systems, which is not owned by the contracting division, written authorization for access to that information must be obtained from the information owner and presented to OIM.

It is agreed to not disclose any confidential, restricted or sensitive data to unauthorized persons. It is agreed to not disclose information concerning any access control mechanism of which we have knowledge unless properly authorized to do so, and we will not use access mechanisms, which have not been expressly assigned. VDH systems will not be used for commercial or partisan political purposes, such as using electronic mail to circulate advertising for products or for political candidates or issues.

We agree to abide by all applicable Federal and Commonwealth of Virginia Laws, and VDH agency policies, procedures and standards that relate to the security of VDH information systems and the data contained therein.

☐ I Agree Signed by Date 4/9/2015

Please make sure agreement is checked and signed with your name.

Accept **Cancel**

In this example, the Administrator did not click in the “I Agree” box. A warning message appeared.

Scroll Bar

Once each contract is signed, a status of **Completed** will appear with the name and date of the VIIS Administrator as entered into the form. If the contract is not signed, the status will remain as **Pending**.

VIIS Administrators whose contracts are not hyperlinked will have their contracts e-mailed to them automatically once the registration is submitted on the next tab.

[Home](#) [Register](#) [Existing Registrations](#) Welcome Jamie Fox [LogOff](#)

VIIS Registration for Fox Pediatrics [Back to Index](#)

[ORGANIZATION](#) [VIIS ADMINISTRATORS](#) [CONTRACTS](#) [REVIEW](#)

Below is the list of Contracts that include a Memorandum of Agreement (MOA) if you chose to exchange data with VIIS, and the Agreements required for VIIS Administrators to complete for access to VIIS. If the MOA link appears below, follow the directions to complete it. If the Agreements have a link, be sure to select each one listed under your name to electronically sign it.

	Status	Signed By	Signed Date
Administrators			
<u>Jamie Fox</u>			
<i>Please select each security and confidentiality agreement, review and sign that you agree to follow these policies. These agreements must be reviewed and signed before you can submit your registration.</i>			
VIIS Security Policy and User Confidentiality Agreement	Completed	Jamie Fox	4/9/2015
Information Systems Security Access Agreement	Completed	Jamie Fox	4/9/2015
Sade Green			
VIIS Security Policy and User Confidentiality Agreement	Pending		
Information Systems Security Access Agreement	Pending		

[Back](#) [Next](#)

* are mandatory

Example C – Memorandum of Agreement

If the option “Already exchange data electronically with VIIS or want to” is chosen on the **Organization** Tab, the Memorandum of Agreement (MOA) will appear on the **Contracts** tab as a hyperlink.

[Home](#) [Register](#) [Existing Registrations](#) Welcome Jamie Fox [LogOff](#)

VIIS Registration for Shady Grove Pediatrics [Back to Index](#)

[ORGANIZATION](#) [VIIS ADMINISTRATORS](#) [CONTRACTS](#) [REVIEW](#)

Below is the list of Contracts that include a Memorandum of Agreement (MOA) if you chose to exchange data with VIIS, and the Agreements required for VIIS Administrators to complete for access to VIIS. If the MOA link appears below, follow the directions to complete it. If the Agreements have a link, be sure to select each one listed under your name to electronically sign it.

	Status	Signed By	Signed Date
Data Exchange			
Memorandum of Agreement (MOA) 	Pending		

Be sure to select the Memorandum of Agreement (MOA) link, print, complete, and fax to VDH at (804)864-8190.

1. Click the Memorandum of Agreement (MOA) hyper link to open the MOA in a separate window.
2. Print the MOA from the separate window, and close the MOA, returning to the registration system.
3. Complete and fax MOA to VIIS Staff at 804-864-8190.
4. Once the MOA is received by VIIS Staff, the status will be updated from **Pending** to **Completed**.

An example of the MOA can be found in the Appendix.

Review Registration

Users can review the registration on the **Review** tab before submitting it.

If a section needs editing, click on the **Edit** button to the right of the screen for each section that needs editing.

ORGANIZATION

VIIS ADMINISTRATORS

CONTRACTS

REVIEW

Expand All Sections | Collapse All Sections

Organization

Organization Name

Fox Pediatrics

Organization Type

Pediatrician

VIIS Org Code

Other (specify)

Currently a VVFC Provider?

No

VVFC Pin

Exchange data electronically with VIIS

No

Fax

(804) 555-1233

Phone

(804) 555-1234

Alt Phone

Physical Address

109 Main Street
Suite 300
FOREST HILL, VA - 23225

Edit

VIIS Administrators

Title

Legal First Name

Jamie

Legal Last Name

Fox

Middle Name

M

Nick Name

Phone

(804) 555-1234

Alt Phone

(804) 555-1233

Fax

Email

minister.green@comcast.net

Alt Email

Medical License

0101045665

Is this your medical license #

No

License Name

GRACE STONEROCK

Expiry Date

04/30/2016

Do you have a VA Paramedic Certificate?

Certification #

Expiry Date

Edit

Contracts

Below is the list of Contracts that include a Memorandum of Agreement (MOA) if you chose to exchange data with VIIS, and the Agreements required for VIIS Administrators to complete for access to VIIS. If the MOA link appears below, follow the directions to complete it. If the Agreements have a link, be sure to select each one listed under your name to electronically sign it.

Status

Signed By

Signed Date

Administrators

Jamie Fox

Please select each security and confidentiality agreement, review and sign that you agree to follow these policies. These agreements must be reviewed and signed before you can submit your registration.

VIIS Security Policy and User Confidentiality Agreement

Completed

Jamie Fox

4/9/2015

Information Systems Security Access Agreement

Completed

Jamie Fox

4/9/2015

Sade Green

VIIS Security Policy and User Confidentiality Agreement

Pending

Information Systems Security Access Agreement

After review of your registration information and completion of MOA or Agreements,

Click **Submit** when finished.

NOTE: If **Submit** is not clicked, the registration is incomplete.

Submit

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Registration Submission

When the registration has been submitted successfully, the below message appears. The User now has three options: to register a new organization, to review existing registrations associated with the User's account, or to Log Off if no more action is needed.

Home Register Existing Registrations Welcome Jamie Fox LogOff

Successfully Completed Registration !!!

Thank you for submitting your registration for VIIS !

If you had multiple VIIS Administrators associated with your submitted registration, they will receive an e-mail shortly with directions on how to sign their security, confidentiality, and a...
Once all agreements are signed and submitted, the registration for Fox Pediatrics will be complete.

If you did not have multiple VIIS Administrators associated with your submitted registration, your registration is complete.

Once the registration is complete, your VIIS Consultant will contact you to discuss training options and will provide your account credentials to access the registry website.

Register New Organization Existing Registrations

Selecting **Register New Organization** will take user to a blank Organization Tab to begin process again.

Select **LogOff** to exit VERIP.

Home Existing Registrations Welcome Jamie Fox LogOff

ORGANIZATION VIIS ADMINISTRATORS CONTRACTS REVIEW

Organization Name*

VIIS Org Code (for existing accounts)

Are you a VVFC Provider? ☐ Yes ☐ No

Already exchange data electronically with VIIS or want to? ☐ Yes ☐ No

Phone #*

Physical Address

Address Line1*

Zip*

Organization Type*

Other (specify)

If Yes, what is your VVFC Pin

Fax #

Alt Phone #

Address Line2

City

State

Next

Selecting **Existing Registrations** button will take user to the list of existing registrations associated with the User's account.

To edit existing registrations, select the pencil icon to the left of the Organization you would like to edit.

Home Register Existing Registrations Welcome Jamie Fox LogOff

Existing Registration(s)

Edit	Organization Name	Region	Organization Type	Parent Organization	Registration Type	Status
	Fox Pediatrics	South Central	Pediatrician		VIIS	Pending
	Shady Grove Pediatrics	South East	Pediatrician		VIIS	Complete

APPENDIX



Commonwealth of Virginia Department of Health Information Systems Security Access Agreement

As a user of the Virginia Department of Health (VDH) information systems, it is understood and agreed, to abide by VDH Security Policy and the following terms, which govern access to and use of, the information and computer services of VDH.

Access is being granted by VDH as a necessary privilege in order to perform authorized service functions for VDH. Passwords and logon IDs should not be shared. It is prohibited to use or knowingly permit use of any assigned or entrusted access control mechanisms (such as Logon IDs, passwords, terminal IDs or file protection) for any purposes other than those required to perform authorized service functions. It is agreed that passwords will be changed immediately if they are compromised and notification will be sent to the Office of Information Management (OIM). No passwords will be incorporated into any sign-on software.

If, due to authorized job functions, access is required to information on VDH information systems, which is not owned by the contracting division, written authorization for access to that information must be obtained from the information owner and presented to OIM.

It is agreed to not disclose any confidential, restricted or sensitive data to unauthorized persons. It is agreed to not disclose information concerning any access control mechanism of which we have knowledge unless properly authorized to do so, and we will not use access mechanisms, which have not been expressly assigned. VDH systems will not be used for commercial or partisan political purposes, such as using electronic mail to circulate advertising for products or for political candidates or issues.

We agree to abide by all applicable Federal and Commonwealth of Virginia Laws, and VDH agency policies, procedures and standards that relate to the security of VDH information systems and the data contained therein.

If incidents of non-compliance or data breach with the terms of this agreement are observed, we are responsible for immediately reporting them to the information Security Officer and management of VDH.

Consent is given to the monitoring of all activities on VDH information systems, and any other systems accessed through VDH systems.

By accepting this agreement, it is hereby certified that we (the contracting vendor) understand the preceding terms and provisions and that we accept the responsibility of adhering to the same. We further acknowledge that any infractions of this agreement can and will result in actions being taken according to Federal and State Laws governing Information Systems Protection, including but not limited to the termination of access privileges and or criminal prosecution.

VIIS Security Policy and User Confidentiality Agreement

VIIS Information:

The Code of Virginia, § 32.1-46.01 authorizes the Virginia Immunization Information System (VIIS), a statewide immunization information system that manages electronic immunization records. This policy states behaviors required of VIIS users, Virginia Department of Health (VDH), and Division of Immunization (DOI) to protect the confidentiality, privacy and accuracy of client information. VIIS is consistent with the Department of Health and Human Services and the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Authorized users of VIIS will include:

- Health care provider or health plans
- Schools or other organizations that provide health care services
- Individuals or organizations as required by law or in the management of a public health crisis
- Other immunization registries

The review of this policy must involve the participation of representatives from the private and public health care sectors.

VDH/DOI Host Site Security:

- The system will force users to change their password every 90 days
- The VIIS system will time-out after 30 minutes
- The VIIS system will maintain an audit trail for all information accessed
- VDH/HP will conduct a self-assessment of the potential risks and areas of vulnerability regarding VIIS and will develop, implement, and maintain appropriate security measures on an ongoing basis.
- The release of immunization information shall be for statistical purposes or for studies that do not identify individuals
- VDH/DOI will work with interested data exchange partners through Data Exchange steps outlined in MOA

Provider/ User Security:

- Access to VIIS information is authorized under the condition that it is required to perform my job function
- All VIIS users will be required to sign a Confidentiality/ Security Agreement with VDH
- Each user must renew the user confidentiality/security agreement every year
- Each user is responsible for maintaining confidentiality
- The user has the obligation to act on any request by an individual to opt out of VIIS. If the patient elects to opt out, the provider should promptly mark the record in VIIS as Do Not Share, so that only that provider may view the client's immunization records
- The user will make a reasonable effort to ensure the accuracy of all immunization and demographic information entered or edited
- Virus protection is recommended for each client site
- User desktops/laptops must have physical security and password screen savers when not being used by authorized individuals
- Users will terminate the VIIS application prior to leaving the VIIS workstation
- An ID and Password are required to access VIIS
- Users will not share or disclose their ID or Password to anyone
- VIIS records will be treated with the same vigilance, confidentiality, and privacy as any other patient medical record
- Participants in data exchange shall provide an acceptable level of data quality, such as correct data fields, data accuracy and enough information to correctly merge with existing clients. Upon initial data delivery, and periodically thereafter, data shall be reviewed to determine data quality. Any rejected records shall

be resolved by the participant in a timely way. VDH may suspend system privileges and refer to Virginia Code § 32.1-27 for additional action for any organization that submits inaccurate data

- Any inappropriate use of VIIS data shall result in immediate suspension of user privileges and result in an investigation conducted by VDH. Additional actions may be taken in accordance with Virginia Code § 32.1-27. The VIIS program manager may reinstate privileges upon satisfactory completion of required remedial actions and guarantee of proper use of VIIS in the future

Administrator Policy:

As VIIS Administrator, it is my responsibility to ensure my VIIS users:

- Are actively employed with their organization.
- Need access for his or her job.
- Have been assigned the correct role.
- Have read and agreed to the VIIS Security and Confidentiality Agreements.
- Have signed VIIS user Security and Confidentiality Agreements are maintained in a secure location.

I have read and agree to the security policy and certify all user accounts in VIIS are in accordance with the above statements.

Company/Organization Name (Print)

Primary Administrator

Name: _____

Signature: _____

Date: _____

Secondary Administrator (If applicable)

Name: _____

Signature: _____

Date: _____

Tertiary Administrator (If applicable)

Name: _____

Signature: _____

Date: _____

Memorandum of Agreement

Instructions for Data Exchange with Virginia Department of Health/Division of Immunization for the Virginia Immunization Information System (VIIS).

Thank you for considering data exchange with VIIS. VIIS is a free, web-based computerized system used for combining information regarding vaccinations for individuals of all ages into one definitive, accurate record. VIIS (which is accessible to licensed healthcare professionals only) receives data from a number of sources including local health departments, private providers, healthcare plans, schools, health systems and FQHC/RHCs. Data can be submitted electronically in either flat file or HL7 file format. VIIS users can also access and/or upload data through the user interface of the system.

Data Exchange Steps

1. Contact from Provider/EHR/Health Plan of interest.
2. Ensure Provider/EHR/Health Plan has File Specifications. In addition to the required fields, we have noted preferred fields that contribute more information that prevents duplicate records in VIIS. It is strongly recommended that you send these fields as well as those that are required.
3. Complete Registration Process and MOA:
 - a. Review and Consent to Information Systems Security Access Agreement;
 - b. Review and Consent to VIIS Security Policy and User Confidentiality Agreement;
 - c. Review, sign and fax MOA to **VIIS Staff: 804-864-8190**.
4. VDH will review MOA with Provider/EHR/Health Plan.
5. Provider/EHR/Health Plan supplies non-personal health information sample file for VDH to approve format of file.
6. Provider/EHR/Health Plan supplies sample file with personal health information straight from EHR system for VDH to approve content of file.
7. Provider/EHR/Health Plan discusses transport options and finalizes transport decision.
8. Provider/EHR/Health Plan has first successful submission – VDH monitors pendings and rejections and will contact IT/Clinical Contact as necessary.
9. Once patient data is received, VDH will place the data on our secure server that is shared with HP (our contractor for VIIS).
10. VDH to provide quarterly report on data exchange activity.

Data Exchange Responsibilities

VDH/DOI agrees to:

- work with the organization to resolve all data exchange issues;
- perform a HEDIS match of client immunizations in VIIS on a yearly basis*; and
- handle and maintain all information in a confidential and secure manner, even after termination or expiration of this agreement.

The organization agrees to:

- specify the method and record format for data exchange with VIIS;
- designate an IT contact who will work with VDH to resolve all system or data problems;
- appoint a clinical contact to resolve client record issues (possible duplicates); and
- handle and maintain all information in a confidential and secure manner, even after termination or expiration of this agreement.

*Health Care Plans that perform DE with VIIS will be given priority in having their HEDIS report run before non-participating organizations.



Memorandum of Agreement between Virginia Department of Health/Division of Immunization (VDH/DOI) and VIIS Organization interested in Data Exchange.

§ 32.1-46.01 of the Code of VA authorizes the Board of Health to establish the Virginia Immunization Information System (VIIS), a statewide immunization registry. VDH/DOI requests data exchange (DE) with other organizations to provide a complete immunization record in VIIS. The purpose of this MOA is to authorize data exchange between VDH and _____. Data shared will include patient demographic and immunization information.

IT Contact: _____ Phone/E-mail: _____

Clinical Contact: _____ Phone/E-mail: _____

Name of Electronic Health Record/Billing System: _____

I, _____, as Data Owner, have authority to approve access to shared data to VDH and VIIS. This MOA shall be effective on ____/____/_____, and remain in effect until either party provides the other with written notice of its intention to terminate. This MOA may be amended at any time by written mutual agreement.

(Signature of Signing Authority)

(Date)

(Name of VDH Signing Authority)

(Signature of VDH Signing Authority)

(Date)

Please Fax to VIIS Staff at 804-864-8190 or

Mail to VIIS Staff: 109 Governor Street Rm 314W
Richmond, VA 23219

Completed by VDH

Direction of data flow will be:

☐ PO to VIIS

☐ VIIS to PO

☐ Bidirectional

Transport:

☐ SFTP

☐ PhinClient

☐ HTTPS

☐ DX Module

☐ Other: _____

Approved:

☐ Format

☐ Content

☐ Transport

Frequency:

☐ Real Time

☐ 2x Daily

☐ Daily

☐ Weekly

☐ Monthly

☐ Other _____

Date DX goes live: _____

VDH Staff: _____